

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/09/04
Application Type:: Regular
Subject Matter:: Utility
Title:: System and Method for Treating Abnormal
Epithelium in an Esophagus
Attorney Docket Number:: 021827-000140US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 8
Small Entity?: Yes
Petition included?: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ROBERT
Middle Name:: A.
Family Name:: GANZ
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1431 Lakeview Avenue
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55416

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: BRIAN
Middle Name:: D.
Family Name:: ZELICKSON
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2765 Drew Avenue South
City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55416

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ROGER
Middle Name:: A.
Family Name:: STERN
City of Residence:: Cupertino
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 10418 Palo Vista Road
City of Mailing Address:: Cupertino
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JEROME

Family Name:: JACKSON
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1725 Fallen Leaf Lane
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94024
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: GEORGE
Middle Name:: H.
Family Name:: SMITH
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 162 Bryant Street
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94301

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/370,645	02/19/03
10/370,645	Division of	09/714,344	11/16/00
10/370,645	claiming benefit under	60/165,687	11/16/99
	35 USC 119(e) of		